**Certification**

To whom it may concern,

 This is a letter to certify that Mr. (birth date: ) who is my patient, has growth hormone deficiency and is treated with daily self-injection of growth hormone (Norditropin® FlexPro® 5mg ・10mg・15mg/1.5ml \_\_\_\_\_ mg injections /day).

 The materials including the growth hormone cartridge-pen, needles, which this person is carrying are all necessary for daily life. Your understanding on this matter would be greatly appreciated.

Truly yours,